

State of California  
 Department of Community Services and Development  
 CSD 98 (New10/06)

**Attachment VIII**  
**2007 NATURALIZATION SERVICES PROGRAM**  
**FUNDING AND PROGRAM EXPERIENCE SHEET**  
**FOR CONSORTIUM**

Consortium Provider's Name:

Service Area (Refer to Appendix A):

**Consortium Providers shall have a minimum of three years' funding and program experience providing naturalization services acquired from 1996 through 2006. Consortium Provider shall certify three years of experience by completing the information below.**

**EXPERIENCE 1**

**FUNDING SOURCE NAME:**

**ADDRESS:**

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

1.a	Funding Amount:	\$
1.b	Dates of Service:	
1.c	Total Length of Service:	_____ Years _____ Months

Services Performed:

**EXPERIENCE 2**

**FUNDING SOURCE NAME:**

**ADDRESS:**

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

2.a	Funding Amount:	\$
2.b	Dates of Service:	
2.c	Total Length of Service:	_____ Years _____ Months

Services Performed:

**EXPERIENCE 3**

**FUNDING SOURCE NAME:**

**ADDRESS:**

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

3.a	Funding Amount:	\$
3.b	Dates of Service:	
3.c	Total Length of Service:	_____ Years _____ Months

Services Performed: